



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E272797**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input checked="" type="checkbox"/>	HIT & RUN INVOLVED	<input checked="" type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	13-02413
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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DATE OF COLLISION	M 09 - D 17 - Y 2013	TIME (2400)	1630	COUNTY #	31	MILES		N		E		IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>		
4TH ST NE				BLOCK NO.	<input checked="" type="checkbox"/>	9327
				MILE POST		

DISTANCE		MILES		N		E		OF (REFERENCE OR CROSS STREET)	
		FEET		S		W			

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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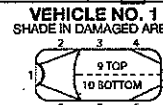
LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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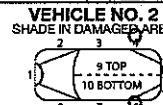
LICENSE PLATE #	461ZSB	STATE	WA	VIN#	JTEBU14R98K020237
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	TOYT	MODEL	4RUNNER	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MARK MOUSSEAU 215 AVE H SNOHOMISH WA 98296 D: 3602433292

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 0187600812	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272797**

CASE # **13-02413**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

V-2 was parked in a parking lot on 09/17/13 and between 1430-1900 hours somebody collided into the rear of his vehicle. The RO of V-2 reported this collision on 09/26/13 at about 1421 hours. V-2 was already at a repair shop so no photos were taken by PD. There is no suspect information.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-26-13 03:25 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

9/26/2013 4:05:22 PM

BADGE OR ID # 102

ORI #

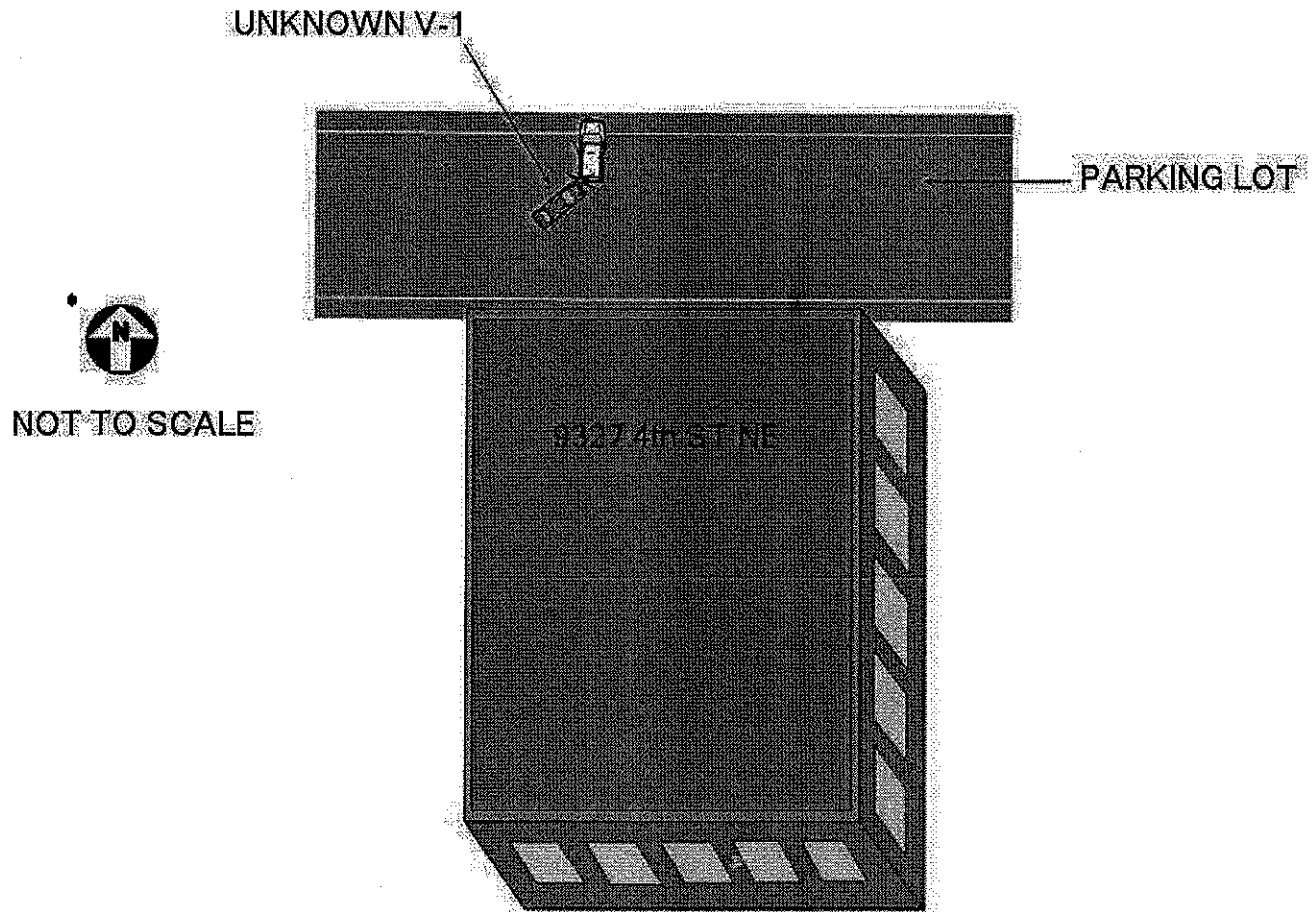
WA0311900

TIME POLICE DISPATCHED

2:21 PM

TIME POLICE ARRIVED

2:21 PM



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02413



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MOUSSEAU, MARK J	RACE C	ETH C	SEX M	DOB 7-20-44	AGE 59	HGT 5'6"	WGT 180	HAIR BR	EYES BR
STREET ADDRESS 215 AVE H.		CITY SNOWMISH		STATE WA		ZIP 98290		RES. STATUS		
HOME PHONE 360 243 3292		CELL PHONE 425 367 7227		PLACE OF EMPLOYMENT AT&T						
WORK PHONE 360 243 3292		EMAIL ADDRESS MOUSSEAU.MARK@GMAIL.COM								

I, MARK MOUSSEAU DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

ON TUESDAY 9-17-13, I WAS PARKED ON THE NORTH SIDE OF RAZZALS BAR & GRILL. SOMETIME BETWEEN 4:30 - 7:00 PM, MY CAR WAS STRUCK (HIT & RUN) DAMAGING MY REAR BUMPER, LEFT TAIL LIGHT, TAILGATE & LEFT REAR QUARTER PANEL.

I REPORTED THIS TO MGT & REC'D A CALL THE FOLLOWING DAY INDICATING THAT NOTHING WAS CAPTURED ON THE OUTSIDE CAMERAS.

I'VE REPORTED THIS TO FARMERS INSURANCE & THE REPAIR IS UNDERWAY AT PRECISION COLLISION - SNOWMISH

461ZSB

FARMERS # 0187600812

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Mark Moussau</u>	DATE SIGNED 9-26-13	LOCATION SIGNED
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 9-26-13	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 ORIGINAL

Incident History for: #SS13021484

Case Numbers: \$SS13002413

Entered 09/26/13 14:21:47 BY SPDP17 SP0367

Dispatched 09/26/13 14:21:47 BY SPDP17 SP0367

Enroute 09/26/13 14:21:47

Onscene 09/26/13 14:31:14

Closed 09/26/13 14:39:13

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo: HI

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src

Loc: 9327 4 ST NE , LKS -- RAZZALS , LKS btwn FRONTAGE RD & 97 DR NE (V)

Loc Info:

Name: Addr: Phone:

/1421 (SP0367) \$OUTSRV , NO MORE INFORMATION  
/1421 DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)  
/1422 CHANGE LOC: RAZZALS --> 9327 4 ST NE , LKS,  
BLK: --> SS002  
PRI: 2 --> 3  
/1424 (SS102 ) REMINQ SS1933 MDTVEH, AJA4364,, WA, , , , , , , , , , ,  
/1425 REMINQ SS1933 MDTVEH, ADR0229,, WA, , , , , , , , , , ,  
/1427 REMINQ SS1933 MDTVEH, 177SHS, , WA, , , , , , , , , , ,  
/1427 REMINQ SS1933 MDTWANT, , , , , , , WA, MCINTDP096BQ, , , , , , , , , , ,  
/1431 \*ONSCNE SS1933  
/1434 (SP0367) ASNCAS SS1933 \$SS13002413  
/1439 CLEAR SS1933 D/HI  
/1439 CLOSE SS1933

LSPD  
ORIGINAL